

vanilla flavoring, and one tablespoonful of sugar. The mixture is then poured into a pint mason-jar with loose cover and set in a saucepan of cold water over a gas-burner for thirty to forty minutes or until the custard begins to thicken.

With a mania for adapting and inventing there is a possibility that the private nurse will grow dissatisfied with more modern, up-to-date appliances, but the danger is not great, since there is room and need for both.

THE DISTRICT NURSE IN COÖPERATIVE WORK *

By MARIE R. JAMMÉ

Graduate of the Johns Hopkins School for Nurses

To discuss the district nurse in coöperative work is to approach a subject offering so many possibilities that it is difficult to determine just where to set one's limitations.

Her position in the field of charitable endeavor is peculiarly her own. For the nature of the work has in it a double relationship—that which is purely professional in its relation to acute disease, and that which is social through its constructive and preventive work.

Just how this position can be used for mutual helpfulness is to-day a vital problem. In the past few years organized district nursing has developed rapidly and along several lines. There are in different parts of the country independent organizations, district nurses working in connection with City Health Departments in the public schools under the Board of Education, and as special departments of Charity Organization Societies. The latter method is the one followed in Minneapolis, therefore I can speak with more assurance of that than of any other. The work there is a separate department of the Associated Charities and is under the direction of the Committee on District Nursing. The committee, composed entirely of women, is responsible for raising the necessary funds and for the general direction of the work. There are three nurses in the field, one of whom devotes all her time to tuberculous patients under the general direction of the Anti-Tuberculosis Committee of the Associated Charities. This plan of work has been found better adapted to the needs of Minneapolis than an independent organization. Naturally there has existed from the first the closest coöperation between the Associated Charities and the district nurses, and as the work grows

* Read at the Conference of Corrections and Charities, Portland, July, 1905.

and becomes better known the coöperation with other organizations is most encouraging.

Generally speaking, it would seem that the particular form of organization is a matter of minor importance. The most essential thing is to have it adaptable to the particular needs of the community, and the more vital question is, what shall be the nurses' relation of helpfulness to fellow-workers who are looking at the same problem with just as much interest, if from an entirely different standpoint of view.

The gauge of a nurse's work in the eyes of the medical profession is usually in the technical application of her calling. From the standpoint of organized charity, however, we have come to believe that the influence of the work on the social side, plus professional skill, is the important factor.

A district nurse enters the home with somewhat of an advantage over the ordinary social worker. She frequently comes at a time when sickness has had more or less of a subduing influence. The kind of service she offers has a tendency to establish immediate confidence. It also creates a sense of dependence which gives an unusual opportunity to get at the hidden springs of family life. In addition to this, her training should render her alive to conditions which might escape the social worker—conditions on the physical side of the problem which would have strong bearing upon the social.

This is undoubtedly so, as we come more and more to realize that medical treatment is often the foundation-stone in social uplifting. In many homes there is no actual disease, only a pitiful degree of moral and physical apathy, due largely to unsanitary housing, insufficient food, and a discouraging struggle for livelihood.

In these homes the nurse will probably encounter more than one worker. The charity agent may be there, regarding the family from the standpoint of adjustment and relief; the settlement worker, as harboring future citizens; the rental agent, as unprofitable tenants, or the Probation Officer, as subjects for watchfulness.

To them the family is largely a social problem. With the visit of the nurse it may still remain a social problem, but becomes possessed of a large medical element. Some slight physical ailment may be at the root of the father's apathy; the mother may be shiftless because she is too weak to be otherwise, or it may be that the boy or girl is a constant truant because of some visional disturbance that makes school-life unbearable. The uplifting of that family then becomes a question of physical cure and prevention, without which the work of the charity agent and others would fail in its ultimate purpose.

It is this preventive element in district nursing which offers a

chance for general helpfulness. The acutely sick will always require the immediate attention of the nurse upon the work. To extend the benefits of their care to an entire family with a view to building up healthy bodies, to know just when and where to apply the ounce of prevention which will save the future pound of cure, is to give to district nursing the dignity of broad aims and to greatly increase its utility.

With this extended point of view will naturally come greater responsibilities, and the question arises, does the nurse entering the work require special qualifications, and is her general training a sufficient guarantee of success?

In the June number of *THE AMERICAN JOURNAL OF NURSING* we have a very interesting letter from Mr. John Glenn, of Baltimore, in which he lays before us a condition in social service generally which has a strong bearing upon this question. It is, as he states it, "The failure on the part of workers to see the whole social point of view, to consider the relationship of a family to the community, and the effect of example on other families in the neighborhood; that persons who have had special training in special lines do not understand what a thorough investigation of conditions means; that in the case of district nurses, they come to the work when they have not been long out of the training-school; they have had a fine training, and are full of splendid enthusiasm, but have had little experience in the world. They have not studied the aims and the methods of others, so that when they step out of their own professional sphere their efforts to relieve often give a setback to the efforts of others who have had longer experience." Following up this thought, he adds, "Nurses should be taught to understand what thorough investigation means, its scope and its value, that they might give as much support and sympathy as they can to trained workers."

There is probably among district nurses an intelligent appreciation of this condition as Mr. Glenn reviews it. Just how to provide a remedy that can be made uniform throughout is a matter for liberal discussion.

If we accept the broad and liberal interpretation of district nursing, it would seem that the successful nurse should possess a high standard of qualification. She would need to be a woman broad in education and experience, with a power of observation elastic enough to cover the question as a whole, and possessing a spirit of liberal compromise. The nature of the work will often carry her into the field of other workers, where she will require clear judgment and discernment to keep the line well defined between her work and theirs. She cannot afford to overstep it, for experience proves to us again and again that when a district nurse carries material relief or institutes regular investigations, her influence

in that particular family is greatly hampered. It is difficult to define just where the loss is. It is a something almost intangible, but it becomes keenly apparent to the thoughtful nurse. When the family fully understands that as a nurse she has nothing to give except her professional skill and womanly sympathy, they quickly learn to accept her at her own valuation without question of further gain.

To stand in this near relation to all branches of social work without intruding upon or compromising her own high standard must necessitate, as Mr. Glenn points out, some knowledge of the work as a whole.

Up to this time there has been no definite plan by which nurses could obtain a broad insight into philanthropic aims and methods. What knowledge we possess has been acquired through hard experience and in the few odd hours snatched from a crowded round of duties, and it has proven very inadequate.

If district nursing is to assume the dignity of a specialty, could not a certain amount of preliminary social training be required? The suggestion is not a new one; it has been made by our leaders in nursing at some of the recent noted meetings, but made in connection with the plan for a centralized training-school, a plan that will take a long time to mature. In the meantime our own individual need is pressing. It behooves us to meet this need that we may keep abreast with our fellow-workers, who are putting forth every effort to meet it on their side.

It does not seem possible to add any more to the curriculum of a general training-school, and, moreover, a nurse usually has no definite idea while in training as to the particular line of work she wishes to follow.

There are, however, a number of sources of instruction open to us which could be used for preliminary work. Schools of philanthropy, correspondence courses, volunteer service in charity organization societies and in settlements, all offer methods of obtaining training.

A preliminary training of this sort would have the advantage of starting a nurse in with at least a substantial theoretical knowledge of what social service involves, and would tend to inspire a still higher appreciation of district nursing and to encourage nurses to stay in the work for longer periods.

With this broader knowledge an established principle district nurses will be more than ever in a position to ask of coworkers an equal degree of understanding, not of her professional methods as such, but a realization that her work has both a medical and social aspect, that she has definite methods of work, and that her usefulness covers a wide field.

Coöperation is, after all, a matter of understanding. There is an abundance of good-will and earnestness. If we can add to these essen-

tial qualities a comprehensive knowledge of one another's methods, there will grow up among us that unity of action which is the strength of all work.

OUR DUTY IN SMALL THINGS *

By ALICE LUCAS

SAIRY GAMP, with her ignorance, volubility, and bibulous proclivities, is a thing of the past. She was but a type of the old-time nurse who adopted the calling as a makeshift, having tried her hand at everything else and failed. Following closely upon her heels, in the days of our grandmothers, we see the care of the sick relegated to some old woman long since past her usefulness in other spheres. Later, if there happened to be a maiden aunt or indigent relative in the family, they were called upon to perform the offices of nurse, although oftentimes they knew no more of nursing than of Sanscrit. If none of these individuals could be procured, the poor unfortunate was confided to the tender mercies (?) of a hired attendant, generally a woman of the lower class, with no education and less common-sense, who generally looked out for her own comfort rather than that of her patient. But the day was fast drawing near when better times were at hand; and although it took the mighty struggle and agony of the Crimean War to bring before the public the large-hearted sympathy and heroic endeavors of Florence Nightingale, yet it establishes forever among the nations of the civilized world that important adjunct to modern existence—the *trained* nurse.

Glancing back over a period of some forty years, we recall to mind the illiterate, immoral, and intemperate—in fact, thoroughly incompetent in every way—woman who stood in place of our trained nurses of to-day. In contrast we have women of large intelligence, thoroughly trained faculties, and purity of life. Women were found who would subject themselves to strict discipline, severe physical and mental labor, the oftentimes uncongenial duties, that they might gain through experience that knowledge that would enable them to become the faithful and competent assistants of the physicians, with whom they must work shoulder to shoulder in their labor of love to uplift and relieve suffering humanity. As the years have passed, the standard of the profession has been constantly advancing. While it is charged against us that many enter it from a love of romanticism, the hope of financial reward, or the

* Read at the Graduate Nurses' Association, Springfield, Mass., December, 1904.